

DECLARATION AND POWER OF ATTORNEY

I, the undersigned inventor, hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUTURELESS WOUND CLOSURE

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendments referred to above.

I acknowledge the duty to disclose information material to the examination of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

And I hereby appoint:

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I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR: Dennis D. Garvin

INVENTOR'S SIGNATURE 

DATE

6/21/03

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